



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPSORIATIC AGENTS PA SUMMARY

Preferred	Non-Preferred
Various generic topical corticosteroids (see Topical Corticosteroids PA) Acitretin generic Calcipotriene cream, topical solution generic Oxsoralen Ultra (methoxsalen) Tazorac (tazarotene)	Calcipotriene ointment generic Calcipotriene/betamethasone ointment generic Calcitriol ointment generic Enstilar (calcipotriene/betamethasone foam) Methoxsalen generic Sorilux (calcipotriene foam) Taclonex Ointment (calcipotriene/betamethasone) Taclonex Suspension (calcipotriene/betamethasone) Vectical (calcitriol ointment)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- PA criteria for Tazorac for members ≥ 30 years of age is found in the Topical Anti-Acne PA Summary.
- If generic calcitriol ointment is approved, the PA will be issued for brand Vectical.
- If generic calcipotriene/betamethasone ointment is approved, the PA will be issued for brand Taclonex.

PA CRITERIA:

Calcipotriene Ointment Generic

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, generic calcipotriene cream, is not appropriate for the member.

Calcipotriene/Betamethasone Ointment Generic, Enstilar and Taclonex Ointment

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the separate preferred products, generic calcipotriene cream and generic betamethasone dipropionate 0.05% cream, are not appropriate for the member.

Calcitriol Ointment Generic, Sorilux and Vectical

- ❖ Approvable for members with mild to moderate plaque psoriasis who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and generic calcipotriene cream.

Methoxsalen Generic

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, brand Oxsoralen Ultra, is not appropriate for the member.



Taclonex Suspension

- ❖ Approvable for members with psoriasis of the scalp who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and generic calcipotriene solution.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.